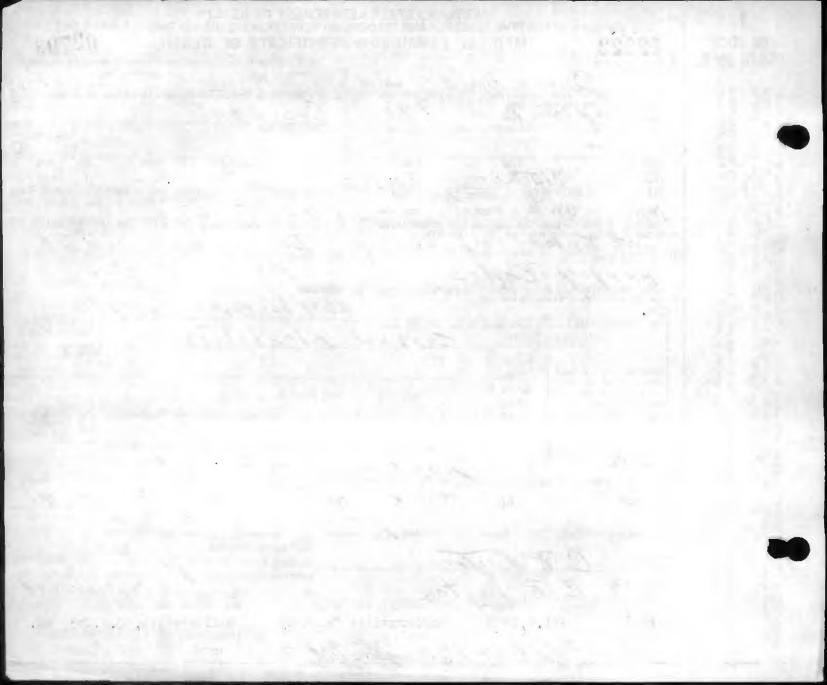
FOR STATE HEALTH DEPT

2 and 3 to the funeral of PM3. Page 5 may be permit. File pages 1 and 2 with the State Department removal, and in any event within 72 hours after death. TO DEPUTY MEL XAMINER: This certificate should be executed within 24 hours after death. I please execute and certificate, writing the word "pending" in pencil in Item 18. Give Pages director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form retained for your files. TO FUNERAL DIRECTOR: Page I should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		112822 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
ы		a. COUNTY	a. STATE Maryland b. COUNTY Buses An
4		CHECK ANY S MARYLAND	au con fins
		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
- 1		Crun promise Rural 9 Mo	(notice of ton 12-1
ŀ		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS e. IS RESIDEN
		t. HAME OF HOSPITAL OR HISTITOTION (II HOT III HOSPITAL, BITO STITEST AUGIESS)	ON A FARM
5			YES NO.
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
- 1		DECEASED TO TO	DEATH FeL / 19/1
		(Type or print) //e/e/e/- Bayles	200-2
- 1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR FUNDER 24H
		Male While WIDOWEO DIVORCEO	May 3 1730 27 yrs.
	10á.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	durl	ng most of working life, even if retired) INDUSTRY	To ma Zay 2 / GOUNTRY?
		Cout 1, moor pumbering	Bareley ma W.J.N
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Harvey Boyles	Markia Casey
	15.	WAS DECEASED EVERANU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
- 1		, no, or unkown) (Myes give war or dates of service)	wary Lee Porks Cruntton
- 1		No.	
- 1		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Alcohol Poising
		X 80 x	unknown
1		Conditions If any which I	
		conditions, if any, which gave rise to immediate (b)	
		cause (a), stating the OUE TO	
		underlying cause last. (c)	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED
	E		YES TO NO D
0	FIG.	20% EXTERNAL CALLER WAS 20% DESCRIBE HOW INVIOL OF	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OCCUPANT OF CONTRIBUTING CAUSE OF DEATH.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	CE	CAUSE OF DEATH.	biry of Kubirg Miconol
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PCA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ā	While Mot While	Hame Crumpton QA Md
7	N		
4		21. I certify that I took charge of the remains described above, hel	Id an Autopsy [], Inspection [X], Inquiry [X], and in my opini
		death resulted from: Natural causes , Accident , Sui	icide , Homicide , Undetermined manner
		1 - 2 -	CHIEF MEDICAL EXAMINER
		ACTUAL (Coolon)	M.O. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNI
		SIGNATURE	DEPUTY MEDICAL EXAMINER X
2		EXAMINER'S A T	0 2 -11 11 10-1
1	-	NAME (Type) L. M. Loly 1011	Address (Street, City, town, or county)
	23a	DEMOVAL (Propolity)	
1	B	Turial (Specify) Feb. 4, 1966 Sudlersville	
N	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
6)		Flutand Manin million	Mad 555B 4 1966 Polisales Judge
1		Coller and concer fighters	Treft I pared I 1000 1/1

VR A15ME 3500 4-64



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission a. COUNTY e. STATE b. COUNTY d 26 MARYLAND JECK hours after death. and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearpst town) Grasonville SON Pages filled i a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO L papers. completery 4. DATE NAME OF Month First 72 DECEASED OF and c. carbon p. within? EaTA DEATH 19 (Type or print) IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR last birthday) Months Hours eveni, WIDOWED DIVORCED physician гетоме 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Waterma 13. FATHER'S NAME 14. MOTHER'S attending 10res ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Dora 0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: adays neumonia IMMEDIATE CAUSE (a) DUE TO ending been Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY SE PERFORMED? NO [CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 208, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After thi 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) Not While While JIRECTOR: et work at work saw the deceased alive on. 22b. DATE 22e. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. PHYS. FUNERAL M.D. page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, I 23c. CEMETERY OR CREMATORY (State) OF 23a, BURIAL, CREMATION, 23b. REMOVAL (Specify) BURIA REGISTRAR 256. REGISTRAR'S SIGNATURE VR A1S (4) ELINERAL DIRECTOR'S SIGNATURE Carley 1SM 7/61

13 1212 E Lough and it was the first of the state of the sta markly Mester Latin Tolons Warran AND THE STATE OF T the many a second of MAY THE CONTRACT OF THE STATE O TO IT 833% help man foundly continued by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician antestrabletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that tile death certificate be exacuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00002

	1	112024	2 Of BEATH						
1	J	PLACE OF DEATH a. COUNTY Queen Anne's County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a STATE b. COUNTY Queen Anness	sion)					
		b. CITY OR TOWN (if outside corporate limits. c ENGTH DE STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	wn)					
	R.	F.D. Millington, Md. Lifetime	R.F.D. Millington, Maryland						
		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDE DN A FARI						
4		Adam Nursing Home	YES NO						
	3.	(1) to all brings and the state of the state	Last 4. DATE Month Day Year DEATH 2 9 19 66						
	5.	SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24						
		Male Colored WIDOWED DIVORCED 1	8. DATE OF BIRTH 9. AGE (in years FUNDER1 YEAR FUNDER24 LO/18/1901 9. AGE (in years FUNDER1 YEAR FUNDER24 Months Days Hours N	Ain.					
	1Da	. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT						
	aur	ring most of working life, even if retired) INDUSTRY Various	Queen Anne's County U.S.A.						
	13.	. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME						
		Name Thelms away	Emma Elliott						
	15	Name Unknown i. was deceased ever in u.s. armed forces? 16. social security no. 17.		35					
	(Ye	es. no. or unknown) (() for some war or dates of service)		-					
	_	No 216-14-9024C1a							
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BET\ ONSET AND DEA						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Luggerflage 3 day	8					
		H222 DUE TD							
		Cenditions, If any, which (b) Central artiful classes							
		gave rise to Immediate (cause (a), stating the DUE TO							
		underlying cause last. (c)	Tuesocudales						
	NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISTASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF						
	CAT	0/	O VES NO						
0	TE	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	C-J					
	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUSY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINARY)							
	4	9/	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State	e)					
	MEDICAL	Hour a.m. While Not While	ry, street, office bldg., etc.)	,					
	ME	p.m. 19 work at work	2/2/						
		21. I certify that (I) (this hospital) attended the deceased from 1963, to 76, 1963 to 76, 1964 that (I) (we) last							
			death occurred at 97M, from the causes and on the date stated ab	DVe.					
		22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED						
		(a) Mile alla M.D	PHYS. DIRECTOR PHYS. 1 2/1/4						
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS						
ſ		C.H.Metcalfe M.D.	Sudlersville, Maryland						
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY)					
	B		Cemetery Near Millington, Md.						
1	24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1	1	Zenneth Walker Chestertown, M	d. DATE EB 15 1968 Milarley Judge						

VR A15 20M 1, 1/65 side of the second seco the part of the second of the 3. J. L. O. C. an herototi, and AND AND ADDRESS OF THE PARTY OF Track of many Control of the second of the s E Section Street Section THE PROPERTY OF THE PARTY OF TH The state of the s AND AND THE PERSON OF THE PERS the same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1282	5		CERTIFICAT	TE OF DEATH	H		117	2/30
1.	PLACE OF DEATS	1				CE (Where deceased (i	b. COUNTY		before admission)
/-	o. city or town (if outside corporate limits; c. Length of Stay in 1b R. Fwite Rueal and give nearest town), Md 60Yrs.			Maryl	and	Queer			
R					17-1				
110			- 1	60Yrs.	R.F.D.#1		town, A		
			ON (II not in hos	pital, give street address	d. STREET ADDRESS			8.	IS RESIDENCE DN A FARM?
3	At Hom	e						YI	ES 🗌 NO 📮
3.	NAME DF DECEASED		irst	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)		saac		Gleaves	DEATH	2	5	1966
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UN lirthday) Mont	DER 1 YEAR	FUNDER 24 HRS Hours Min.
	Male	Colored	WIDOWED	DIVORCED [10/15/188	4 81	yrs.		
108	I. USUAL DCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. KIN	D OF BUSINESS OR USTRY	11. BIRTHPLACE (C	County & State, or fore	gn country) 1	2. CITIZEN 0 COUNTRY?	F WHAT
1	Labor	mg may oven il rock	Vari	lous	Kent Con	unty Mary	land	U.S.A	
13.	. FATHER'S NAM	E			14. MOTHER'S MAI	DEN NAME			
	Perry (Gleaves			Jane -	-Unk			
15	. WAS DECEASED	EVER IN U.S. ARMED FI	DRCES? 16. SD	CIAL SECURITY NO. 17.	INFORMANT	William P.	t Address D	254 Ma	gnolia
Y.	NO Unkown)	(If yes give war or dates		5-20-4768Ri	chard Glas		U. JEL	Lia, ra	
	18. CAUSE OF	DEATH [Enter only or			CHAIG GIE	2462		INTER	VAL BETWEEN
		EATH WAS CAUSED BY	fr /	0	4	0.		ONSE	T AND DEATH
	1/20	IMMEDIATE CAUSE		and and	Huyer	unge			
	Conditions, If	DUE	TO	0	0.040	000	4		
	gave rise to	Immediate /	(p)	France	Grane	- CEING	9		
	cause (a), s		¥.	pe		11.0			
Z.	underlying caus		(C)	NG TO DEATH BUT NOT RE	ATCD TO TOE TEDMINAL	DISEASE CONDITION	CIVENINDADT	1(a) 119.	WAS AUTOPSY
CERTIFICATION	TARTIL OTHER.	JIGHII IGANI GUNUIII	ONS CONTRIBUTE	O A STATE	CATED TO THE TERMINAL	DISEASE CONDITION	MITCH HEIL MILL		PERFORMED?
FIC	200 ACCIDENT	WAS UNDESTABLE	1 20h DE	-cully	HODED (Feber volume of	f la luny la Dast I as	Dort II of Itan	YES	NO
ERT	200a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1) CONTRIBUTING [] CAUSE OF DEATH CONTRIBUTING [] CAUSE OF DEATH CONTRIBUTION CONTRIB							110.)	
									101-4-1
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day,	While -	fac	ACE DF INJURY (Home, f tory, street, office bldg.,	farm, 20f. (City or etc.)	town)	(County)	(State)
MEC	р.		at work	Not While at work					
	21. I certif	y that (I) (this hos	pital) attended	the deceased from	(dy ,)	1965 to 76	2 , 1	9.4/c, tha	et (I) (we) last
	saw the de	ceased alive on	Tel 1	1965 , and th	at death occurred at_	10 M, from the			
	22a. SIGNATU	RE	0		ATTENDING	MED. ST	22t	DATE SIGI	NED
		10/14	elc.cu	Cha M	D. PHYS.	DIRECTOR PH		77/0	210
	22c. PHYSICIA NAME (T		Wat-7-0	86 D	22d. ADDRESS			/ /	1
		U.II.	Metcalf	e M.D.	Sudiers	ville, M			
238	BURIAL, CREN REMOVAL (Sp	actfod 4 -		23c. NAME OF CEMETE	4 40		(City, town o		(State)
	Burial		1966	Mt.Pleasar			illing.		id.
24	. FUNERAL DIRE	CTOR		ADDRESS		C'D BY REGISTRAR	200		
2	Denno!	alle Caller	C1	nestertown	Md. DATE	9 1966	Jelia	reles Que	ARE.

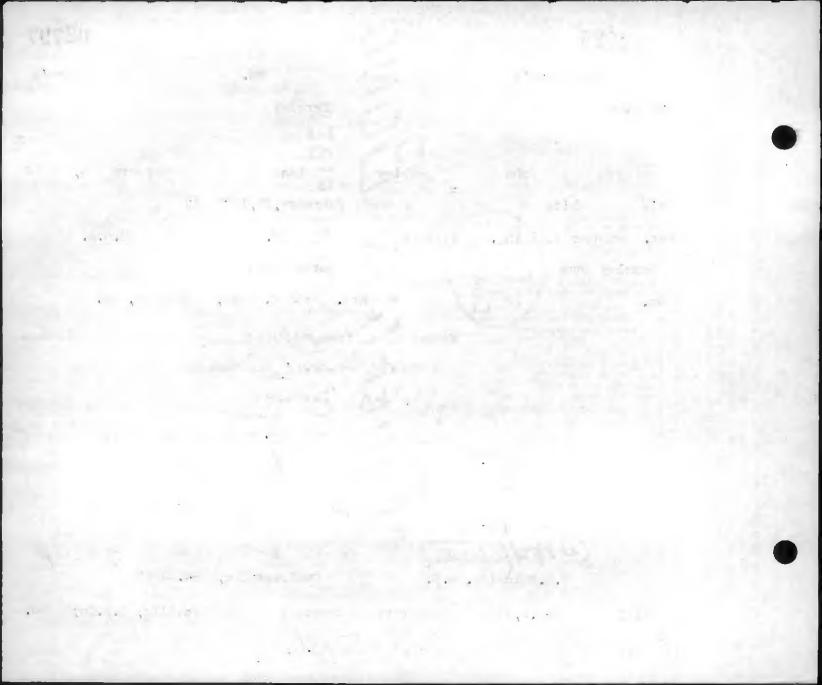
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VR AI5 (4) 20M I/65

	MARYLAND S	TATE DEP	ARTM	ENT OF I	HEALTH		
ION OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	
26	CER	TIFICATE	OF	DEATH			0279

	0. 0.000
1. PLACE OF DEATH a. COUNTY CHOOD PROPERTY	a. STATE Md. D. COUNTY Queen Anne's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Barclay C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barclay
d. NAME OF HÖSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS G. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) John Wesley	Last 4. BATE Month Day Year Lane DF February 3, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8 Male White WIOOWEO DIVORCEO 1	3. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. February, 19, 1877 88 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Painter Building. Painter	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hemsley Lane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sarah Legg.
(Yes, no, or unkown) \((\text{If yes give war or dates of service}\)	. Sarah C. Lane, Barclay, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Particle (b), and (c).]	Personal age Interval Between onset and Death 36 ling
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO SEATH BUT NOT REL	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RREO. (Enter nature of Injury in Part I or Part II of Item 18.)
Bour a.m. p.m. 20c. TIME OF INJURY Month, Oay, Teer 20d. INJURY OCCURRED 20e. PLAC factor at work at work	CE OF INJURY (Wome, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	death occurred at M, from the causes and on the date stated above. ATTENOING OIRECTOR PHYS. 22b. OATE SIGNED PHYS. 22d. AOORESS Sudlersville, Md. 21668
23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Feb. 6, 1966 Sudlersville (24 FUNERAL DIRECTOR Fellow, Mellington	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MODATE EB 8 1968 Achievely Judge





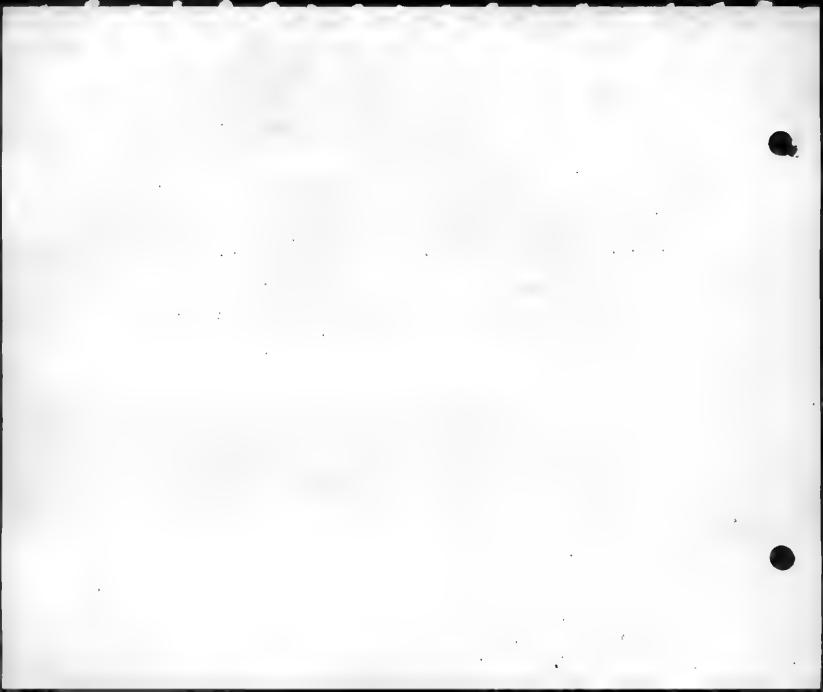
STREET, BALTIMORE 1, MARYLAND OF DEA CERTIFICATE funeral should PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence a. COUNTY the d 2 by the b. CITY OR TOWN (I outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town, write RURAL end give nearest town) PUCTSVI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addless) . S RESIDENCE ON A FARM? YES NO 🔯 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months WIDOWED 10a. USUAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Water 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) i (If yes give wer or detes of service) 18. CAUSE OF DEATH Hinter only one cause per li ONSET AND DEATH PART I, DEATH WAS CAUSED BY. 12 hrs. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), sleting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE COND TION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Morth, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Nome, farm, 2Df. (City or town) (County) [steff] factory, street, office bldg., etc.) While Not While at work 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF MED. director, page 3 PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S 23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 25a. REC'D BY REGISTRAR VR A15 (4) 15M 7/61

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOMENTAL OR NETERBING FINALISM. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

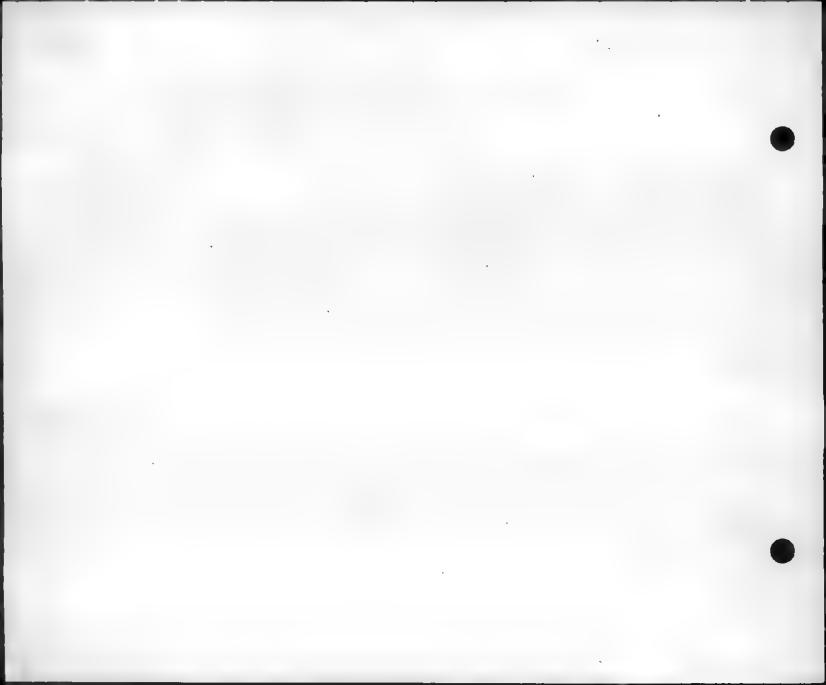
	UNUL REST	CERTIFICATI	OF DEATH		0~700
1.	PLACE OF DEATH O. COUNTY		· ·	ere deceased lived, if institution:	Residence before admission)
	CUEEN ANNES	MARYLANO	a. STATE DE LAN	ARE B. COUNTY K	EART V
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporate limits, write RURA	L end give nearest town)
2	CRAL HENDERSON	Gmonths	SmuRN	Δ.	11
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	11	e. IS RESIDENCE ON A FARM?
					YES NO NO
3.	NAME DF DECEASED	Middle		DATE Month	Day Year
*	(Type or print) CONWE	L. Sim		DEATH Fa-F	7 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
n	RALE WHITE WIDOWED	DIVORCED	2-15-1890	last birthday) Months	Days Hours Min.
t0a		IND OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country) 12. 0	CITIZEN OF WHAT
-	. \ \	Fish	KENT CO. D	DELAWARE L	S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAI	WE	
	Thil Simpler		FANNIE SI	Aughter	
15. (Ya	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	100	1-12-3516 17	NA SIMOLER	Starton DE	(.
Ī	18. CAUSE DF DEATH [Enter only one cause per i	ine for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chronic	Em 1. 1. 1. 11 11 12	micl.	ONSET AND DEATH
	= 7/ DUE TO		1100		
ı	Conditions, if any, which (b)	Far Ad	varced		Ved13
	gave rise to immediate (cause (a), stating the DUE TO				7
_ [underlying cause last. (c)				
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CA					YES NO
	20a, ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury	In Part I or Part II of Item 18	8.)
5	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3		factor	E OF INJURY (Home, farm, 2 y, street, office bldg., etc.)	Of. (City or town) (Co	unty) (State)
MED	Hour a.m. While p.m. 19 at worl	Mot while —	y, su cet, onice blok., etc.,		
	21. 1 certify that (I) (this hospital) attend	ed the deceased from 12	2410 1962	to Fab 1 196	that (I) (we) last
Ì	saw the deceased alive on Fe. 6	1 . 11	death occurred at	M, from the causes and on	
	22a. SIGNATURE			22b.	DATE SIGNED
	CK don't	M.D.		DR PHYS. 2	-8.66
	22c. PHYSICIAN'S NAME (Type)	721-1	22d. ADDRESS	1/ 7	.0
	. / (N	CYION	Ceny	re Dille M	27
23a	BURIAL, OREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 230	LOCATION (City, town or co	ounty) (State)
0.0	15012ml FEB, 10, 1966	Odd Fellows	EMETERY	MYRNA DELA	ware
\$4	FUNERAL DIRECTOR	2 ADDRESS	25a. REC'D BY	REGISTRAR 250. REGISTRAR	CS SIGNATURE
/°	with many in some	sus' chrecons	DATE I	T 1300 Kentary	to judge

VR AI5 (4) 20M 1/65



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH OF CERTIFICATE DEATH funeral 24 hours after death deam PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. the attending physician and completely filled in by the f t permit. Then please Temove carbon papers. Pages 1 ation, or removal, attementy event, within 72 hours after ee MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) NS Jeens TOWL ee OW e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. 3. NAME OF Middle DATE Month Year First Last 4. Oay DECEASED (Type or print) OF DEATH e 0 19 AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS SEX 6. COLOR OR RACE OATE OF BIRTH 9. MARRIED **NEVER MARRIEO** , last pirthday) Months Oavs Hours S WIOOWED X DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY TO FUNERAL DIRECTOR. After this certificate has been signed by the attending phy Lirector, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal, FATHER'S NAME 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ANO CEATH ONSET PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating underlying cause last (c) CERTIFICATION 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 Elsi. Le 1966 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above and that death occurred at/02 19 66. saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE 6 \mathbf{X} M.D. PHYS. CIRECTOR PHYS. Page 4 may O HOSPITAL AOORESS. 22c. PHYSICIAN'S 22d. director, p should be 1 NAME (Type) (City, town of (State) BURIAL, CREMATION, 23b. **CATE THEREOF** NAME OF CEMETERY OR CREMATORY LOCATION county) 23a. REMOVAL (Specify) D AODRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR **EUNERAL DIRECTOR** VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL DESFARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNT L COUNTY and 2 MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporete limits, write RURAL and give nearest town! write RURAL and give neerest town) CT Pages within d. STREET ADDRESS . IS RESIDENCE papers. Pagen 72 hours a d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? completely IN deno NO P 3 NAME OF First Middle DATE Day DECEASED OF C (Type or print) DEATH 19 and con carbon at, withir 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5 SEX 8. DATE OF BIRTH AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. isst birthday) Months Days House WIDOWED D DIVORCED physician гетоме 10e. USUAL OCCUPATION (GIVe kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stale. done during most of working life, even if retired) RACTICA please 13. FATHER'S NAME MOTHER'S MAIDEN NAME COERT oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT (Yes, no or unknown) [(If yes give war or detes of service) permit. 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN signed by 5 PART I. DEATH WAS CAUSED BY: has been signed te burial-transit p urial, cremation, IMMEDIATE CAUSE (e) Milloud DUE TO affending Conditions, if env. which gava rise to immadiate causa **DUE TO** (a), stating the underlying the hospital or certificate I PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19. WAS AUTOPSY S 0 CERTIFICATION PERFORMED? 950 prior NO [I may be retained by the DIRECTOR: After this of 3 should be detached for he State Dept. of Health p 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stele) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) Month, Dey, Yeer factory, streat, office bldg., etc.) While Not While Hour a.m. el work | el work | 21. I certify that (I) (this hospital) attended the deceased from A.M. from the causes and on the date stated above.196. ... and that death occurred at M saw the deceased alive on 228. SIGNATURE 22b. DATE m = SIGNED ATTENDING death. Page 4 rector, page HOSPITAL DIRECTOR PHY5, PHYS. M.D 22c. PHYSICIANS ADDRESS 22d/ Type] NAME 23a. BURIAL, GREMATION, 1 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City, town or county) (Stete) 0.48 ALMOVAL (Specify) 25e. RC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DIRECTOR'S 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

But we will THE REAL PROPERTY AND STREET STREET, THE PARTY OF THE PAR -- Comment beckering TO MERCE topas pile See 11. We State Did Grant to I will all the see A PART OF THE PART

FOR STATE 00000 HEALTH DEPT. TO REFUTY MEDICAL EXAMINER. This certificate should he executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Bages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after depting

10 FUNERAL DIRECTOR: Page of Health or its designated

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZOJE MILDICAL EXAMINER 3	CERTIFICATE OF DEATH	0.6000					
1.	PLACE OF BEATH a. COUNTY August Ann Maryland	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE De b. COUNTY	esidence before admission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?					
3.	NAME DF DECEASED (Type or print) Planance Cluster	Last 4. DATE OF Month OF DEATH FEEL 2	Day Year 19 6 8					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		1 YEAR IF UNDER 24 HRS. Days Hours Min.					
	DUSUAL OCCUPATION (Give kind of workdone) Ing most of working life, even if retired) Lobert Frueired	11. BIRTHPLACE (State or foreign country) 12. Cl	TIZEN OF WHAT					
13		14. MOTHER'S MAIDEN NAME Thorp						
	no as unbarred (/feres also man en deles efecusion)	EVELYN Westers Narris	y top					
	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	Beaution	ONSET_AND DEATH					
		0000011010						
	Conditions, If any, which \ Conditions	cleritic Heart Bised	c Vedy					
	gave rise to immediate	Ng	1					
	cause (a), stating the DUE TO							
z	underlying cause last.) (c)							
ICATIO	Prior Coron dry Oc	culiar 1555	PERFORMED?					
CERTIFICATION	20a. EXTERNAL CAUSE WAS 2Bb. DESCRIBE HOW INJURY OCCI PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	URRED. (Enter nature of Injury in Part I or Pert II of Item 18.)					
MEDICAL		ACE OF INJURY (Home, farm, 2Df. (City or town) (Coupry, street, office bidg., etc.)	nty) (State)					
2	21. I certify that I took charge of the remains described above, he	id an Autopsy . Inspection , inquiry ,	and In my opinion					
	*	icide . Homicide . Undetermined manner						
	1-6	CHIEF MEDICAL EXAMINER	_					
	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED					
	EXAMINER'S C. P. Lay Tox	Address (Street, city, town, or county)	eville Wed					
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)							
1	BIRIOL FOB-25-66 HOLLYWOOD	Cometery HARRINGTON	Dela.					
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	1 1					
17	Villiam Fleschauer & Greenwood	d. Well DATEEB 23 1966 Journe	Es Judge					

THERE FOR ZE LL HAMPING COMPERSY HATTERSON Western Flescherry James and Col. "